

Medi-Cal Program Update

"To Enrich Lives Through Effective and Caring Service"



October 2010

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LEADER Corrections to Deemed Eligible (DE) Infant Notices

A PA 6033 Important Notice for Families Receiving Medi-Cal for an Infant Turning Age One is generated when the household failed an annual redetermination and the DE period of eligibility is ending. The PA 6033 is mailed two months prior to the infant turning age one. In some cases, the form was incorrectly displaying the infant's name and the redetermination month. According to LEADER Build #242 Release Notes, dated 06/25/10, the PA 6033 will now display the infant's name and redetermination date in the appropriate location.

Additionally, LEADER will no longer generate a Notice of Action for a failed redetermination to the ineligible household members when the infant turns age one. The failed redetermination Notice of Action will correctly generate to ineligible household members in the redetermination due month.

Reference: Administrative Directive 4641, dated 03/07/07.

S.G.

What is the Difference between the Redetermination Reminder Phone Call and SB 87 Phone Call?

The **Redetermination Reminder phone calls** are part of the Department's effort to assist Medi-Cal beneficiaries retain eligibility. When the beneficiary fails to return the redetermination form by the due date, a reminder phone call shall be made and documented in the LEADER **Case Comments** screen. The recently implemented Outbound Dialing System will now make these calls and document **Case Comments** with the results of the reminder phone call.

The **SB 87 Phone Call** is part the SB 87 process that is initiated once the redetermination form is returned, changes in circumstances are reported, or when a person who is already receiving assistance from another public benefits program such as Food Stamps, General Relief, etc. requests Medi-Cal benefits.

The three steps of SB 87 Process are:

Step 1. Ex-parte- review of appropriate systems and case files without the beneficiary's involvement.

Step 2. Direct Contact/Phone Call

Step 3. Request information via MC 355, if needed.

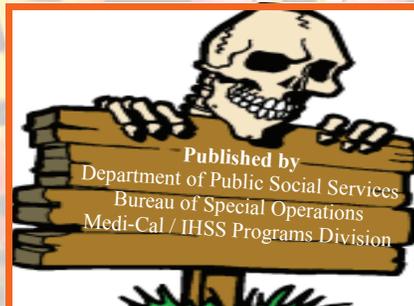
Eligibility staff cannot substitute any step of this process with other procedures.

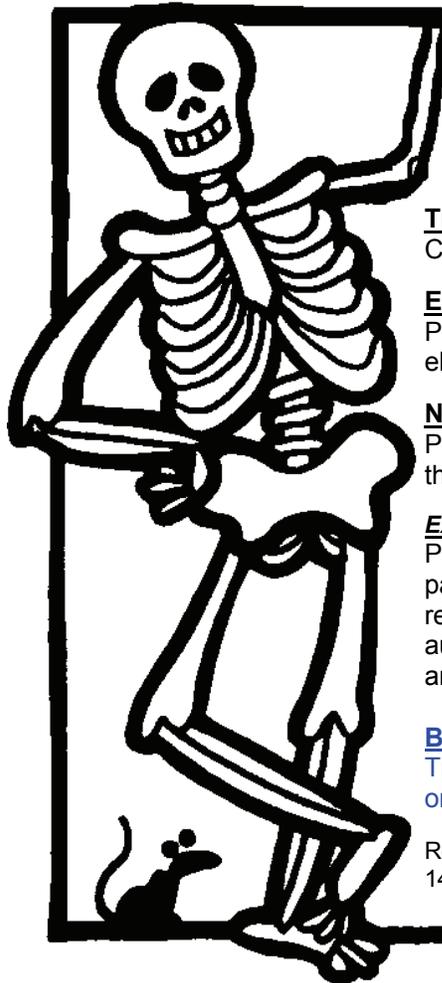
The SB 87 phone call (Step 2) should be initiated and documented when the information or verification necessary to complete a determination of eligibility is not available thru Step 1.

The SB 87 phone calls are **not** automatically documented in the LEADER **Case Comments**. Under the SB 87 process, eligibility staff are required to document the results of the phone call (Step 2). The documentation should include details indicating if the telephone contact was established or not. If the beneficiary did not provide a telephone number for contact, this should also be included in the documentation.

Reference: ACWDL 02-59 and AD 4437, dated 5/22/03.

A.P.





SPEND DOWN vs. TRANSFER OF PROPERTY

Spend Down:

The process of **reducing** one's assets (property) in order to qualify for Medi-Cal benefits.

Transfer of Property:

Change in the ownership of the property.

Exempt Property:

Property that is not counted while determining eligibility; therefore, exempt from Spend Down.

Nonexempt Property:

Property that is counted in determining eligibility; therefore, subject to Spend Down.

EXAMPLES OF REDUCING ASSETS (Spend down):

Pay Medi-Cal Bills, buy furnishings for the home, pay on the home mortgage, buy clothes, make repairs to the home, pay off other debts, pay off an auto loan, transfer of property, giving away assets, and create certain annuities.

Bottom-line:

Transfer of Property is a method of Spending Down one's assets in order to qualify for Medi-Cal.

Reference: Welfare and Institutions Code §14002 and 14006, Form MC 007 (04/10) and ACWDL 90-01.

H.F.

The PA-120 Report and Voided MC-180's

Question:

I issued an MC-180 last month, but it was returned and subsequently voided. How do I report this on the PA-120 MC-180 Control Log?

Answer:

1. Revise the original PA-120 affected by the change.
 - a. Add current signature but leave the original preparation date.
 - b. Write "Revised" across the top of the report.
2. Send E-mail:
 - a. In subject area of the e-mail indicate PA-120 Revision for (month).
 - b. E-mail body must include MC-180 document number that was revised.
 - c. Attach revised PA-120.

J.T.

GOOD NEWS!

Announcing the Outbound Dialing System

Effective June 2010, the Department implemented the automated Outbound Dialing telephone system. The Outbound Dialing System was put in place to enhance customer service and improve the number of beneficiaries who retain eligibility.

What this means for approved Medi-Cal Eligibility Worker:

For Medi-Cal Assistance Only beneficiaries, the system is being used to remind them of the need to complete and return their Medi-Cal redetermination form or Mid-year Status Report.

Note: To prevent unnecessary outbound calls to beneficiaries, these forms should be logged in without delay upon receipt.

Results from the Outbound Dialing System are recorded in the LEADER Case Comments screen. The outbound call replaces the required Reminder phone call when the Medi-Cal redetermination is not received by the due date.

To guarantee a successful use of the automated telephone system, staff is reminded to verify and update the applicants'/ beneficiaries' telephone number at each contact. Outbound calls cannot be made nor recorded in Case Comments when a telephone number is not entered or available in the LEADER Case Summary screen.

A.P.



REOPENING A DISABILITY EVALUATION DUE TO A STATE HEARING DECISION

There are instances in which a Medi-Cal applicant files for a State Hearing contesting the denial of a Medi-Cal application. The Administrative Law Judge may issue a decision ordering the County to rescind the denial, resubmit the disability evaluation and to issue benefits as otherwise eligible until the disability evaluation is finalized.

Before resubmitting the disability referral as a "Resubmitted Packet" to the Disability Determination Services Division, Medi-Cal staff must ensure the State Hearing Decision and the prior MC 221 are included in the disability packet. Also, the reason for the resubmission must be documented in Item #10 of the MC 221.

Source: MEPM Section 22

R.V.